		REIMBURSA		reau, or establishment	·			·	PA	ID BY	
	• • • • • • • • • • • • • • • • • • • •										
	Voucher prepared at(Give place and date)							0	0411		
	THE UNITED S	STATES, Dr.,	Payee	's Account No.				i i i	DPD- 0	159-59	
	$T_{0}$							391	CODY	/ OE 50	
			(I	Payce)				-	COPI	01 2	
		(Add	dress)	(City)		State)					
•	No. and Date of	Date of Delivery	(Enter description, i	TICLES OR SERVIC	act or Federal s	upply		UNIT	PRICE	AMOU	
	Order	or Service	schedule, and o Discount Terms	other information dec	med necessary	)	QUANTITY	Cost	Per	Dollars	
			Costs						:	\$7,763	
]	PAYMENT:										
	Complete Partial										
	Final		T Ta	ntinuation sheet(s) if n	000660						
	Shipped from	t l		Veight	Government	B/L No.		· · · · · · · · · · · · · · · · · · ·	Total	\$7.763	
-		above bill is correct	t and just and that payme				ee must NO	T use this		<del>-4()(03</del>	
	-					Differen	ices				
	*		(Sign original only)								
,	Date 1/22/	5 <u>9</u>									
-				pertificate is made by payee on a		Amo	unt verified;	correct for	r	7,763	
:	Per	7		D. N						,	
=	Contract No.	1-101	Date	Req. No		L	Date	I.	nvoice Rec'	d.	
Pursuant to authority vested in me, I certify that this account is correct and proper for payment.											
	† Approved for \$				†		(Authoria	ed Certifyi	ing Officer)		
,	Ву			SIGN ORIGINAL	Title						
•	ONLY						*				
-	Title				Date						
	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGE								N ANY FORM		
	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)										

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